

**Supplemental Application Data Sheet**

**Application Information**

<b>Application Number::</b>	10/523,897
<b>Filing Date::</b>	February 4, 2005
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	
<b>Title::</b>	BALLOON CATHETER WITH RADIOOPAQUE MARKER
<b>Attorney Docket Number::</b>	31698-1800
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	Fig. 1
<b>Total Drawing Sheets::</b>	2
<b>Small Entity?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Germany  
**Status::** Full Capacity  
**Given Name::** Boris  
**Middle Name::**  
**Family Name::** Warnack  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of mailing address::** ~~Hirrlinger Str. 2~~ 1105 Carlos Privada  
**City of mailing address::** ~~Rangendingen~~ Mountain View  
**State or Province of mailing address::** California  
**Country of mailing address::** ~~Germany~~ USA  
**Postal or Zip Code of mailing address::** 72414 94040

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Switzerland  
**Status::** Full Capacity  
**Given Name::** Suk-Woo  
**Middle Name::**  
**Family Name::** Ha  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::** Marthalen  
**Street of mailing address::** Tueteweg 8  
**City of mailing address::** Marthalen  
**State or Province of mailing address::**

**Country of mailing address::** Switzerland

**Postal or Zip Code of mailing address::** 8460

**Correspondence Information**

**Correspondence Customer Number::** 35023-71040

**Name::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Postal or Zip Code of mailing address::**

**Phone number::**

**Fax Number::**

**E-Mail address::**

**Representative Information**

<b>Representative Customer Number::</b>	35023-71040	
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003/008493	07/31/03

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	02017547.7	08/06/02	YES

### Assignee Information

**Assignee name::** ABBOTT LABORATORIES VASCULAR  
ENTERPRISES LIMITED

**Street of mailing address::** Earlsfort Center, Terrace

**City of mailing address::** Dublin

**State or Province of mailing address::**

**Country of mailing address::** Ireland

**Postal or Zip Code of mailing address::** 2

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